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CONFIRMATION NO. 9602

SERIAL NUMBER 10/816,397	FILING DATE 04/01/2004 RULE	CLASS 418	GROUP ART UNIT 3748	ATTORNEY DOCKET NO. 67036-041					
APPLICANTS David W. Borgetti, Rockford, IL; Timothy P. Walgren, Powers Lake, WI; Christian L. Griffiths, Rockford, IL;									
** CONTINUING DATA ***** <div style="text-align: right; margin-right: 100px;">NONE TT</div>									
** FOREIGN APPLICATIONS ***** <div style="text-align: right; margin-right: 100px;">NONE TT</div>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; vertical-align: top;"> Foreign Priority claimed <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </div> <div> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance </div> </div> </td> <td style="width: 15%; text-align: center; vertical-align: middle;"> STATE OR COUNTRY IL </td> <td style="width: 15%; text-align: center; vertical-align: middle;"> SHEETS DRAWING 3 </td> <td style="width: 15%; text-align: center; vertical-align: middle;"> TOTAL CLAIMS 10 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </div> <div> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance </div> </div>	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
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ADDRESS 026096 CARLSON, GASKEY & OLDS, P.C. 400 WEST MAPLE ROAD SUITE 350 BIRMINGHAM , MI 48009									
TITLE Dual-inlet gear pump with unequal flow capability									
FILING FEE RECEIVED <div style="text-align: center;">770</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 40%; vertical-align: top;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Other _____ </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </div> </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Other _____ </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </div>			
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